MAXIMUS Federal Services

Case Number:	CM14-0127150		
Date Assigned:	08/13/2014	Date of Injury:	09/03/2002
Decision Date:	09/25/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant was injured on 09/03/02. Fluoxetine is under review. She was evaluated on 05/19/14 and MRIs of the cervical spine and right shoulder were pending. She complained of pain and discomfort in the cervical spine that was stabbing in nature. The pain and numbness radiated into the right arm and down to the forearm. The right shoulder pain was aching, stabbing, and throbbing and level 8/10. She had low back pain that radiated down her right lower leg to her foot and she had bilateral foot numbness. She saw [redacted] for a psychological assessment. She complained of helplessness, frustration, and irritability. She had sleep problems, was emotional and had crying spells and felt lonely and sad. She saw [redacted] for pain management and had severe clinical insomnia. She was given Cyclobenzaprine, Lidoderm patches, Prozac, and Vicodin. She had a possible disc herniation of the cervical spine with impingement of the right shoulder status post surgery. She had a low back sprain and spondylosis with disc bulges and protrusions. Her Prozac had just been increased to 40 mg per [redacted]. She saw [redacted] and Vicodin, Flexeril, Ambien, and Aciphex were requested. On 08/18/14, she saw [redacted] and complained of the same pain. Her diagnoses were the same. She was given refills. There was no specific mention of depression at that visit. Epidural steroid injections had been requested by [redacted]. She was to be referred to another psychiatrist to continue the treatment as [redacted] had left the practice. She had not been able to get Prozac refills and was going to run out. On 06/13/14, [redacted] stated she was seeing a therapist monthly for depression and anxiety and she stated the use of her current medication was helpful. There is no mention of her psychological problems although there is some brief mention of insomnia. She received refills of her medications including the Prozac. The note states that depression is associated with a chronic pain diagnosis. Prozac is an antidepressant that was provided to her for mild to moderate depression associated with chronic pain. His note mentions

a psychological assessment on 03/06/14 by [redacted]. There were findings of moderate to severe depression. She had been given Prozac 40 mg once a day by [redacted] and it helped her with her anxiety and depression. She stated that functionally it helped her get out of bed in the morning and approach the day in a more positive fashion as opposed to before when she had difficulty getting up.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fluoxetine Cap 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary, Prozac (Fluoxetine).

Decision rationale: The history and documentation support the request for continued use of Fluoxetine. The MTUS and ODG do not support the use of Fluoxetine for chronic pain but the ODG formulary states Fluoxetine (Prozac) is "recommended as a first-line treatment option for major depressive disorder." In this case, the claimant has chronic pain and also has depression for which she was given Fluoxetine by [redacted]. She reported on 03/06/14 objective benefit with its use, including that "it helped her get out of bed in the morning and approach the day in a more positive fashion as opposed to before when she had difficulty getting up." In this case, under these circumstances, and in the absence of side effects or any documented lack of effectiveness, the continuation of Fluoxetine 40mg while the claimant is also receiving counseling and obtaining additional psychiatric care as needed is medically necessary.